STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	TN8901	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	C **11/17/2020**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NHC HEALTHCARE, MCMINNVILLE	**928 OLD SMITHVILLE RD** **MC MINNVILLE, TN 37110**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 002	1200-8-6 No Deficiencies This Rule is not met as evidenced by: A Life Safety Code Complaint Investigation of TN00052521 was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities on 11/17/2020. During this Life Safety Complaint Investigation, NHC Healthcare McMinnville was found in substantial compliance with the requirements of the rules of Tennessee Department of Health, Board for Licensing Health Care Facilities 1200-08-06 Standards for Nursing Homes and the National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition).	N 002		